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# STATE OF SOUTH DAKOTA

# Statement of Legal Newspaper Ownership and Circulation

as required by SDCL § 17-2-2.5

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| 1. TITLE OF NEWSPAPER | | 2. DATE |
|---|---|---|
| | The Dakota Herald | 10-31-15 |
| 3. FREQUENCY OF ISSUE | 3A. NO. OF ISSUES PUBLISHED ANNUALLY | 3B. ANNUAL SUBSCRIPTION PRICE $ |
| Weekly | 52 | 45.00 |

4. COMPLETE PHYSICAL ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)

P.O. Box 207; Lemmon, SD 57638-0207

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)

P.O. Box 207; Lemmon, SD 57638-0207

6. FULL NAME OF PUBLISHER: LaQuita Shockley

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

| FULL NAME | COMPLETE MAILING ADDRESS |
|---|---|
| LaQuita Shockley | P.O. Box 207; Lemmon, SD 57638-0207 |

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run) | 1100 | 1100 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies. | 155 | 160 |
| 2. Mail Subscription (Paid and or requested) | 868 | 890 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 1023 | 1050 |
| D. FREE DISTRIBUTION<br>1. BY MAIL, CARRIER OR OTHER MEANS | | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 21 | 21 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 1044 | 1071 |
| F. COPIES NOT DISTRIBUTED<br>1. Office use, left over, unaccounted, spoiled after printing | 56 | 29 |
| 2. Return from News Agents | | |
| G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | 1100 | 1100 |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

Belinda Christman
(Signature)

Bookkeeper
(Title)

State of South Dakota )
§
County of Perkins )

Sworn to before me this 31st day of October, 2015

Notary Public

My commission expires: 6-17-19

**(Seal)**

Form: SOS REC 051 3/2015